

# In the Supreme Court of the State of Alaska

**Peter Nicori,**

Petitioner,

v.

**State of Alaska,**

Respondent.

Supreme Court No. S-18295

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **5/5/2022**

Court of Appeals No. **A-13375**


Trial Court Case No. **4BE-16-00547CR**

Unless you or the prosecutor objects by **6/20/2022** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Petition for Hearing	\$500	<b>\$1,000</b>

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts



Carly Williams, Deputy Clerk

cc: Peter Nicori  
PO Box 400  
Bethel AK, 99559

Distribution:

Email:  
Friedman, Elizabeth D., OPA - Contract  
Burke, Elizabeth Tempel

# In the Supreme Court of the State of Alaska

**Peter Nicori,**

Petitioner,

v.

**State of Alaska,**

Respondent.

Supreme Court No. **S-18295**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **5/5/2022**

Court of Appeals No. **A-13375**

Trial Court Case No. **4BE-16-00547CR**

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Petition for Hearing
  - ☐ Petition for Review
  - ☐ Petition for Sentence Review
  - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant/Petitioner's Daytime Phone

\_\_\_\_\_  
Appellant/Petitioner's Signature

\_\_\_\_\_  
Appellant/Petitioner's Mailing Address      City                      State                      Zip

Mailed to State's Attorney on: \_\_\_\_\_ (Date)